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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/470,432 05/15/2003 and claims benefit of 60/396,639 07/19/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 10/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 23	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 1	
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met					
Verified and Acknowledged	Examiner's Signature <i>Michael A. G.</i>	Initials <i>MSA</i>			

ADDRESS

26111

TITLE

Amyloid beta 1-6 antigen arrays

FILING FEE RECEIVED 1784	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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